remained between 98.6° and 100.4° F., between 100.4° and 102.2° F. for the next six weeks while the patient seemed to be improving most, and from this time until his death between 102.2° and 104° F. The author considers that the persistence of the febrile movement and the diminution of the red cells after a number of x-ray treatments were more important factors in prognosis than the improvement in the general and local conditions.—*La Semaine médicale*, 1905, No. 46, p. 548.

The Roentgen Rays in Splenic Leukæmia.—ANTON WASSMUTH reports a case of splenic leukæmia which was treated by the x-rays and in which improvement, as evidenced by a diminution of the number of leukocytes in the blood and of the splenic tumor, was noted for a time, but which during the treatment developed pernicious anæmia with typical changes in the red blood cells, hemorrhages, a febrile movement, and nervous symptoms. Death finally took place. The author considers that in the x-rays we have a means of ameliorating the symptoms of leukæmia, but that the treatment does not strike at the root of the disease. The case is also interesting in that it shows that a lymphatic leukæmia may terminate in a pernicious anæmia.—*Wiener klinisch-therapeutische Wochenschrift*, 1905, No. 46, p. 1151. (Evidently more favorable results can be obtained by the Roentgen rays in this form of leukæmia than by any other method hitherto at our disposal, an opinion that has been confirmed by personal observations, as well as by others which have been reported in this country.—R. W. W.)

PEDIATRICS.

UNDER THE CHARGE OF

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Venesection in Scarlatinoid Uræmia.—G. SINGER (*Jahrbuch f. Kinderheilkunde*, 1905, Bd. lxii. S. 417) has observed nineteen cases of uræmia in the course of scarlet fever. All were treated by means of venesection; fifteen recovered, four died. In fourteen, nephritis preceded the attack, one had neither albumin nor casts; seven had a diminished amount, four a normal and four an increased amount of urine; twelve had œdema preceding the attack, the other three had no œdema at any time; seven had a slow, tense pulse at the time of the uræmic convulsion, the other eight had a small, frequent pulse, and in them bleeding gave better results than in the others (the only pulse which he considers a contraindication is the filiform pulse). In nine cases the attack was preceded by an elevation of temperature. In eight of the cases the improvement was immediate, the convulsions disappearing and the consciousness reappearing at once; in two cases improvement was noted in a few hours, consciousness returning twenty-four hours later; in four cases the attacks returned and the venesection had to be repeated (the quantity of blood removed was evidently too small). Of the four patients who died, the causes of death were respectively cardiac weakness, cerebral congestion, and far advanced kidney changes; the last two were admitted in a dying condition. He concludes from his observations that venesection is a rational and beneficial procedure in uræmia in the course of scarlatinal nephritis. The operation is simple and without danger. It is chiefly indicated when cerebral irritation governs the picture; in comatose states the operation may do good, but the chances of improvement are smaller. It is indicated in all types of children, strong, weak and anæmic; it is contraindicated in the presence of a filiform pulse. The sooner venesection is performed, the better the patient's chances. The amount removed should be in proportion to the patient's age, and strength and the virulence of the attack. If not successful, venesection may be repeated after twenty-four to thirty-six hours.

Intussusception in Children.—H. Hirschsprung (*Mitteilungen aus den Grenzgebieten,* 1905, Bd. xiv. S. 2) reports concerning one hundred and seven cases of intestinal invagination observed in children at one of the Copenhagen hospitals, between 1871 and 1904. There were seventy-seven boys and thirty girls; the youngest was seven weeks old, the three oldest seven years. All of them were in a good state of nutrition, sixty-one being partly or wholly nursed by their mothers. Points of etiological importance were habitual constipation, intestinal catarrh with frequent loose stools, tumors of the intestines, swelling of Peyer's patches, diffuse hemorrhage into the intestines, and intestinal diverticula. In many of the cases a marked tendency to recur was noted. Of the one hundred and seven patients sixty-five (forty-five boys and nineteen girls; 60.75 per cent.) were cured. Of the forty-six boys, twenty-six were less than a year old, the four youngest being only four months old; eight were between one and two years; seven between two and four years; and six between seven and eight years. Of the nineteen girls cured, nine were less than one year old, the youngest being seventy-six days; the oldest were between three and four years. As regards treatment, Hirschsprung refers all cases in which the small intestine is involved to the surgeon; he treats all large intestine invaginations with narcosis, taxis, and enemata. The differential diagnosis is not easily made; eleven patients with unrecognized intussusception of the small intestine died. The prognosis depends much upon the duration of the affection before admission to the hospital; of fifteen children admitted within eleven hours of the onset, ten died, and of forty-one afflicted for more than twenty-four hours, twenty-two died. He closes with the admonition to operate upon all doubtful cases after a short attempt at taxis.

Dentition.—The view that increase in salivary secretion (stimulation of the salivary glands by irritation transmitted from the gums to the tensor tympani) is a sign of approaching dentition is not shared by T. J. Elterich (*Pennsylvania Medical Journal,* 1906, ix., p. 378). He considers it more reasonable to assume that the abundant salivary secretion indicates a stage of developmental activity preparing the digestive organs for the aliment to follow, than to regard it as a manifestation of a morbid condition of the salivary glands due to dental irritation. Fever, restlessness, and disturbed sleep are often credited to the approaching eruption of a tooth, when more careful examination will show the existence of other conditions sufficiently adequate to produce these symptoms. Many infants cut their teeth without any disturbance of the general health. As a tooth approaching the surface makes the gums almost white and insensitive, he believes the eruption to be absolutely painless and devoid of deleterious symptoms. The thickening of the gum is due to the advancing of the tooth. He considers stomatitis credited to teething due to unclean nipples, bottles, or thumbs. He believes gastrointestinal derangements credited to teething (occurring usually during the weaning period) due to bacterial invasion, improper food, atmospheric changes, etc. Such disturbances should always be treated even though mild. Middle ear inflammations and meningitis have often been observed to follow mild diarrhœas of these types. Otalgia credited to teething is usually due to a pus infection of the middle ear. Bronchitis should always be considered to be due to the child having been exposed to atmospheric changes, and not to nervous irritation reflected from the gums. As the real causes of convulsions are beginning to be known, convulsions attributed to teething are being thinned out. Acute indigestion and rachitis when searched for will probably explain the greater number of the cases. Many causes for cutaneous eruptions besides that of dentition can be found if carefully searched for.

A New Method of Resuscitation in Asphyxia Neonatorum.—After all other methods failed to resuscitate apparently asphyxiated children, W. HIMMELSBACH (*California State Journal of Medicine*, 1906, iv., p. 42) gave newborn children hypodermic injections of strychnine sulphate 1/1500, grain, and atropine sulphate 1/2000 grain. After a few minutes in almost all cases he was rewarded with an occasional gasp, and after an hour the children were breathing and crying normally.

Antidiphtheritic Serum in Stomatitis and Vulvovaginitis of Infancy.—After discussing the causation and the treatment of the different varieties of stomatitis, E. GIORELLI and A. BRINDA (*Archives de Médecine des Enfants*, 1905, viii., p. 724) report having treated twenty-five patients so afflicted with injections of antidiphtheritic serum and invariably with good results. They were led to employ it first in the case of a four-year-old boy in whom the process continued spreading along the right cheek, gum, and right side of the tongue in spite of the usual applications; the process had existed for ten days. After six injections of 500 units each the patient was on the road to recovery. Many of the patients recovered after one injection of 1000 units; in none were more than 5000 units necessary. Many of the children were studied bacteriologically; in most of them only streptococci and the pneumobacillus of Friedländer were found; in a few a bacillus resembling the Löffler organism. They pursued the same line of treatment in nine cases of ulcerating vulvovaginitis in infants, using from one to five injections in each case. In three of them gonococci were discovered; in the other six bacteriological studies could not be made, but the authors are satisfied that they were not of gonococcal origin. In all nine rapid recovery followed the use of the serum.